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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE FEB 2 0 2009 EXAMINER

COVER LETTER

Division of Corp	porations			
SURJECT. STEPHEN	N ROSSITER PAINTING	G LLC		
		ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	STEPHEN ROSSITER			
		(Name of Person)		
	STEPHEN ROSSITER F	PAINTING, LLC		
	.	(Firm/Company)		
	1208 WILDROSE DR			
		(Address)		
	PE PENNEN .		_	
	LUTZ FL 33549		AL	်င္က
		(City/State and Zip Code)	LAI	9 . F
			YA.	E 8
For further information co	oncerning this matter, please of	all:	SEE	19
STEPHEN ROSSITER		at (813 ₎ 312-6922	ل در میرون	FEB 19 PH 2: 09 RETARY OF CO
(Name o	f Person)	(Area Code & Daytime T	elephone Number)	SO
	<u>.</u> , .		ID _A	09
Enclosed is a check for th	e following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEPHEN ROSSITER PAINTING LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/30/2003	and assigned
Florida document number L03000056962 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		ALL SEL
		1
Enter new mailing address, if applicable:		B B ASS
(Mailing address MAY BE A POST OFFICE BOX)		9 P
B. If amending the registered agent and/or registered of		F 2 11
		ORI.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our reco e:	ords, enter the mame of the new
registered agent unta/or the new registered office address nor	<u>z.</u>	
Name of New Registered Agent:		
New Registered Office Address:	(Finter Flor	rida street address)
	,	
 	(City)	, Florida(Zip Code)
	(City)	(Zip Coae)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity	I further agree to comply with

(If Changing Registered Agent, Signature of New Registered Agent)

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gerald Rossiter	719 W. Warren Ave Tampa, PL. 33602	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
		——————————————————————————————————————	Add Remove
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary)	FILE PH
		FLORIDA	
	· · · · · · · · · · · · · · · · · · ·		-
Dated <u>FEBU</u>	Stroken Ros	r authorized representative of a member	
	STEPHEN J ROSSITER		
		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00